PART B - FEE(S) TRANSMITTAL

pplicable fee(s), to: <u>Mail</u> Mail Stop ISSUE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-14

DEG O S	DEC'O 8 SOC	W W	Ale	O. Box 1450 exandria, Virginia 2 71)-273-2885	2313-1450	
prophi All furth dicated des cet aintenance fee notifica	correspondence included below of articles attacked below of articles.	ansmitting the ISSI the Patent, advance of erwise in Block 1, by (UE FEE and PUBLICAT orders and notification of a) specifying a new corre	TION FEE (if required). Emaintenance fees will be spondence address; and/or	Blocks I through 5 sh mailed to the current (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	DENCE ADDRESS (Note: Use BI	ock I for any change of address)	Fee	te: A certificate of mailing (s) Transmittal. This certifiers. Each additional paper te its own certificate of mai	icate cannot be used for	or any other accompanying
51294	7590 09/07			Certificate	of Mailing or Transi	mission
8009 34TH AVI SUITE 125		LLC	I ho Sta add trar	creby certify that this Feets tes Postal Service with suf- tressed to the Mail Stop asmitted to the USPTO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the da	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
MINNEAPOLIS	,			Rennae Johns	on	(Depositor's name)
08/2006 EAYALEW2 00000042 503581 10675932				Rennac Johnson		(Signature)
:1501 1400	.00 DA			12/05/06		(Date)
APPLICATION NO. 00 DA FILING DATE		FIRST NAMED INVENT		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/675,932	09/30/2003		Bruce A. Tockman	GUII	D.055PA (02-015)	2377
						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/07/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MANUEL, GEORGE C 3762			607-122000			
Change of correspond R 1.363).	lence address or indication	n of "Fee Address" (37	2. For printing on the		1	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Addices form 1 10/5		'Indication form	(2) the name of a single firm (having as a member HOŁLINGSWORTH & FUNK, registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
☐ "Fee Address" ind PTO/SB/47; Rev 03-0	02 or more recent) attach		listed, no name will be	b		
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	02 or more recent) attach		THE PATENT (print or ty	<u> </u>		
"Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. ASSIGNEE NAME A	02 or more recent) attach ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pc)	entified below, the de	ocument has been filed for
"Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort	O2 or more recent) attach NDD RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp	TO BE PRINTED ON	THE PATENT (print or ty data will appear on the p T a substitute for filing an	<u> </u>		ocument has been filed for
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	O2 or more recent) attach NDD RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp	A TO BE PRINTED ON fied below, no assignce election of this form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an	pc) patcnt. If an assignee is id assignment. Y and STATE OR COUNT		ocument has been filed for
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE Cardiac	O2 or more recent) attach ND RESIDENCE DATA less an assignee is identi th in 37 CFR 3.11. Comp	TO BE PRINTED ON fied below, no assignce eletion of this form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	pc) patcnt. If an assignee is id assignment. Y and STATE OR COUNT	RY)	
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATION Cardiac case check the appropr The following fee(s) Issue Fee	on more recent) attach ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or are submitted:	TO BE PRINTED ON fied below, no assignce eletion of this form is NO Inc. categories (will not be property)	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT) St. Paul, rinted on the patent):	pc) patent. If an assignee is id assignment. Y and STATE OR COUNT MN Individual Corporations ase first reapply any prev	RY) on or other private gro iously paid issue fee s	up entity 🚨 Government
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATE Cardiac ase check the appropr The following fee(s) Issue Fee Publication Fee (N	O2 or more recent) attach AND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or	TO BE PRINTED ON a fied below, no assignce election of this form is NO Inc. categories (will not be properties)	THE PATENT (print or ty data will appear on the post a substitute for filing an (B) RESIDENCE: (CIT) St. Paul, rinted on the patent): b. Payment of Fec(s): (Plead of the payment of California (California	pc) patent. If an assignee is id assignment. Y and STATE OR COUNT MN Individual Corporations ase first reapply any prevent. Torm PTO-2038 is attached.	on or other private gro iously paid issue fee s	up entity Government shown above)
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE AS	or more recent) attach NDD RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or are submitted: No small entity discount p	TO BE PRINTED ON assignce election of this form is NO Inc. categories (will not be preferred)	THE PATENT (print or ty data will appear on the part of a substitute for filing an (B) RESIDENCE: (CIT) St. Paul, rinted on the patent): b. Payment of Fee(s): (Pleader of the payment of Fee): (Pleader of the payment of the payment, to Deposit the payment, to Deposit the payment of the payment, to Deposit the payment of the payment	pc) patent. If an assignee is id assignment. Y and STATE OR COUNT MN Individual Corporation ase first reapply any prevent. Form PTO-2038 is attacy authorized to charge the rosit Account Number 5.0.—	on or other private gro iously paid issue fee s ched. equired fee(s), any del	up entity Government shown above) ficiency, or credit any of this form).
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Unrecordation as set fort (A) NAME OF ASSIGNEE NAME A Cardiac ase check the approprofice of the following fee(s) Issue Fee Publication Fee (Nadvance Order - in Advance Order - in Advance In Entity Stalia a. Applicant claims of the issue Fee and the interval of the	or more recent) attach ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or are submitted: No small entity discount p # of Copies tus (from status indicated as SMALL ENTITY status and Publication Fee (if required)	TO BE PRINTED ON fied below, no assignce election of this form is NO Inc. categories (will not be presented) above) s. See 37 CFR 1.27.	THE PATENT (print or ty data will appear on the part of a substitute for filing an (B) RESIDENCE: (CIT) St. Paul, rinted on the patent): D. Payment of Fee(s): (Plead of the Director is hereby overpayment, to Depond from anyone other than the patent of the patent of the patent of the patent overpayment.	pc) patent. If an assignee is id assignment. Y and STATE OR COUNT MN Individual Corporations ase first reapply any prevent. Torm PTO-2038 is attached.	on or other private gro iously paid issue fee s ched. equired fee(s), any def. 3581 (@iddsDar	shown above) ficiency, or credit any occurred this form). FR 1.27(g)(2).
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. ASSIGNEE NAME A PLEASE NOTE: Unrecordation as set fort (A) NAME OF ASSIGNEE NAME A Cardiac ase check the approprofice of the following fee(s) Issue Fee Publication Fee (Note Advance Order - in Entity Staus - Applicant claims TE: The Issue Fee and Publication Fee (Note Advance Order - in Entity Staus - Applicant claims TE: The Issue Fee and Publication Fee (Note Advance Order - in Entity Staus - Applicant claims TE: The Issue Fee and Publication Fee (Note Advance Order - in Entity Staus - Applicant claims TE: The Issue Fee and Publication Fee (Note Advance Order - in Entity Staus - In Entity Sta	on more recent) attach AND RESIDENCE DATA cless an assignee is ident th in 37 CFR 3.11. Comp GNEE Pacemakers, riate assignee category or are submitted: No small entity discount p of Copies tus (from status indicated as SMALL ENTITY status and Publication Fee (if requ records of the United Sta	TO BE PRINTED ON fied below, no assignce election of this form is NO Inc. categories (will not be presented) above) s. See 37 CFR 1.27.	THE PATENT (print or ty data will appear on the part of a substitute for filing an (B) RESIDENCE: (CIT) St. Paul, rinted on the patent): D. Payment of Fee(s): (Plead of the Director is hereby overpayment, to Depond from anyone other than the patent of the patent of the patent of the patent overpayment.	pc) patent. If an assignee is id assignment. Y and STATE OR COUNT MN Individual Corporation ase first reapply any prevent. Form PTO-2038 is attacy authorized to charge the resit Account Number 50— ager claiming SMALL ENT	on or other private gro iously paid issue fee s ched. equired fee(s), any det 3581 (GiddsDag ITY status. See 37 CF ttorney or agent; or th	ing entity Government

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.